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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS **CAPITOL HILL PROVIDENCE RI 02908** 

BUYER: ALMA MILLER PHONE #: (401) 222 - 2142 ext. 124 BLANKET PERIOD: 3/1/2005 - 12/31/2005

**MENTAL HEALTH, RETARDATION & HOSPITALS** 

L MHRH-CENTRAL PHARMACY

L PO BOX 8289

TERMS OF PAYMENT:

L **HAZARD BLDG B-6** 

WEST RD Т

**CRANSTON RI 02920** 0

**BID NUMBER: B04652** 

TITLE: INFLUENZA VACCINE

**BID OPENING DATE AND TIME:** 

01/18/2005 10:00 AM

**MENTAL HEALTH, RETARDATION & HOSPITALS** 

Н MHRH CENTRAL PHARMACY

USE CERTIFICATION COVER FORM.

Т HAZARD BLDG, B-6

Р WEST ROAD

0

**CRANSTON RI 02920** Т

1	Class-Item	Quantity	Unit	Unit Price	Total
	BLANKET REQUIRMENTS 3/1/05-12/31/05				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS CAPITOL HILL PROVIDENCE RI 02908

BUYER: ALMA MILLER PHONE #: (401) 222 - 2142 ext. 124 BLANKET PERIOD: 3/1/2005 - 12/31/2005

B MENTAL HEALTH, RETARDATION & HOSPITALS

I MHRH-CENTRAL PHARMACY

L PO BOX 8289

TERMS OF PAYMENT:

L HAZARD BLDG B-6

T WEST RD

O CRANSTON RI 02920

Requisition Number(s): R76E055472

BID NUMBER: B04652

TITLE: INFLUENZA VACCINE

BID OPENING DATE AND TIME:

01/18/2005 10:00 AM

MENTAL HEALTH, RETARDATION & HOSPITALS

H MHRH CENTRAL PHARMACY

USE CERTIFICATION COVER FORM.

HAZARD BLDG, B-6

P WEST ROAD

0

T | CRANSTON RI 02920

Item Class-Item Quantity Unit **Unit Price** Total **BIDDING** (a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State. (b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered. (c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost. (d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request. **ORDERING** (a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period. (b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.

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	DO NOT SIGN RID ON THIS BAGE!
ELIVERY:	RIVIP VENDOR ID#:

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B04652 BID NUMBER:

TITLE: INFLUENZA VACCINE

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**CRANSTON RI 02920** Т

Item	Class-Item	Quantity	Unit	Unit Price	Total
1.0	AWARDS EXTENDING BEYOND JUNE 30TH ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.  10 DOSE VIAL, 5 ML, INFLUENZA VACCINE FOR THE 2005-2006 FLU SEASON  BRAND NAME AND NDC#  DATE BY WHICH ORDERS MUST BE PLACED	700.00	EA		

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DELIVERY:	RIVIP VENDOR ID#:
TERMS OF PAYMENT:	DO NOT SIGN BID ON THIS PAGE!

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**MENTAL HEALTH, RETARDATION & HOSPITALS** L

MHRH-CENTRAL PHARMACY L PO BOX 8289

TERMS OF PAYMENT:

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**BID NUMBER: B04652** 

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**CRANSTON RI 02920** Т

m	Class-Item	Quantity	Unit	Unit Price	Total
	269-80				
0	FLU MIST ( NASAL FLU VACCINE) PREFILLED SINGLE USE SPRAYERS	100.00	EA		
	BRAND NAME AND NDC#				
	DATE BY WHICH ORDERS MUST BE PLACED				
	ITEM 1 - BIDS MUST BE FROM MANUFACTURERS				
	DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.			TOTAL:	
				IOIAL	

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TERMO OF DAVAMENT.	DO NOT SIGN BID ON THIS PAGE!